## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	16869P-097400US
First Inventor	Kato, Hiromitsu
Title	SERVICE EXECUTING METHOD AND SERVICE PROVIDING SYSTEM
Express Mail Label No.	EV346923870US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning design patent application contents.			Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
1. See Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. Drawing(s) (35 U.S.C.113) [Total Sheets 12] 5. Oath or Declaration & Power of Atty. [Total Pages 4] a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76			Alexandria, VA 22313-1450  7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a.  Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i.  CD-ROM or CD-R (2 copies); or  ii.  paper number of pages  c.  Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9.  Assignment Papers (cover sheet & document(s))  10.  37 CFR 3.73(b) Statement Power of					
			(when there is an assignee) Attorney  11. ☐ English Translation Document (if applicable)  12. ☒ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations  13. ☐ Preliminary Amendment  14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. ☒ Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent  17. ☐ Other:  the requisite information below and in the first sentence of the 7 CFR 1.76:  (CIP) of prior application No:  Art Unit:					
			ORRESPO					
☑ Customer Number 203		350	OR Correspondence address belo			v ·		
Name							•	
Address								
City			State			Zip Code		
Country		Teleph	none			Fax		ᆜ
Name (Print/Type) Robert C. Colwell F		Registration	Registration No. (Attorney/Agent) 27,431			]		
Signature ( When C Columbia				Date November 18, 200				

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FEE TRANSMITTAL		Complete if Known						
	Applic	Application Number						
for FY 2004	Filing	Filing Date						
Effective 10/01/2003. Patent fees are subject to annual revision.	<u>-</u>				, Hiromitsu			
				1.000	,			
Applicant claims small entity status. See 37 CFR 1.27	Exami	Examiner Name .				<del></del>		
	Art Un	Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 810	Attorn	ey Docke	t No.	1686	16869P-097400US			
METHOD OF PAYMENT (check all that apply)			<del>-</del>	FEE C	ALCULATION (con	tinued)		
Check Credit Card Money Order Other None	3. ADI	DITIONAL	FEES					
Deposit Account:	Large	Entity		Entity			F.,	
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee De	scription	Fee Paid	
Account 20-1430 Number	1051	130	2051	65	Surcharge - late fi	ling fee or oath		
Trainber	1052	50	2052	25	Surcharge - late p or cover sheet.	rovisional filing fee		
Deposit Account Townsend and Townsend and Crew LLP	1053	130	1053	130	Non-English spec	ification		
Name	1812	2,520	1812	2,520	For filing a reques	t for reexamination		
The Director is authorized to: (check all that apply)	1804	920*	1804	920°	Requesting public Examiner action	ation of SIR prior to		
Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting public Examiner action	ation of SIR after		
Charge fee(s) indicated below, except for the filing fee	1251	110	2251	55	Extension for repl	y within first month		
to the above-identified deposit account.	1252	420	2252	210	Extension for repli	y within second		
FEE CALCULATION	1253	950	2253	475		y within third month		
1. BASIC FILING FEE Large Entity Small Entity	1254	1,480	2254	740	Extension for repl month	y within fourth		
Fee Fee Fee Fee Description Fee Paid	1255	2,010	2255	1,005	,	y within fifth month		
Code (\$)	1401	330	2401	165	Notice of Appeal			
1001 770 2001 385 Utility filing fee 770 1002 340 2002 170 Design filing fee	1402	330	2402	165	-	pport of an appeal		
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral h Petition to institute	-		
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	proceeding	a pasiia asa		
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive			
SUBTOTAL (1) (\$)770	1453	1,330	2453	655	Petition to revive			
.,	1501 1502	1,330 480	2501 2502	655 240	Utility issue fee (o Design issue fee			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	640	2503	320	Plant issue fee			
Fee from Extra Claims below Fee Paid	1460	130	1460	130	Petitions to the Co	ommissioner		
Total Claims 12 -20** = 0 \$18 = \$0	1807	50	1807	50	Petitions related tapplications	o provisional		
Independent Claims 3 -3** = 0	1806	180	1806	180	• •	ormation Disclosure		
Multiple Dependent	8021	40	8021	40	Recording each p per property (time properties)		40	
Large Entity Small Entity	1809	770	2809	385	Filing a submission	on after final rejection		
Fee Fee Fee Fee Fee Pescription Code (\$) Fee Description	1810	770	2810	385	(37 CFR § 1.129) For each addition examined (37 CF	al invention to be		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1801	770	2801	385	•	nued Examination		
1203 290 2203 145 Multiple dependent claim, if not paid					(RCE)	dited evamination	<del>                                     </del>	
1204 86 2204 43 ** Reissue independent claims over original patent	1802	1802 900 1802 900 Request for expedited examination of a design application						
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	** Reissue claims in excess of 20 Other fee (specify)							
SUBTOTAL (2) (\$)0 **or number previously paid, if greater; For Reissues, see above	*Reduc	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)40						
SUBMITTED BY Complete (if applicable)								
SUBMITTED BY  Policy (Columbia) Policy (Columbia	Homov/Age=	, 27	431	_	Telephone	650-326-2400	<u> </u>	
Name (Print/Type) Rober C. Colwell Registration No. (A) Signature	uomey/Agen				November 18, 2003			
Signature U MAN COULT					Jaio			